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THE WEATHER AND MORTALITY IN LONDON AND THE METROPOLITAN DISTRICTS IN THE YEAR 1852.

JANUARY.—The mean reading of the barometer (at the level of the sea) was 29.769 in.; being 0.174 below its average. The temperature of the air, 42° F.; being 6¼° above the average of 80 years. The degree of humidity was 85, complete saturation being represented by 100. The daily range of temperature was 11.4°; being 2¾° too great. Rain fell to the depth of 3.6 in.; the average for this month is 1.8 in. The average number of deaths daily was 155, or 4798 in the month; the expected number, based upon the calculation of the previous ten years, corrected for increase of population, was 5442—so that the state of public health was good.

February.—Barometer, 30.044 in.; a little above its average. Temperature of the air, 40.8° F.; exceeding its average by 2.6°. Degree of humidity, 88; the same as its average value. Daily range of temperature was 12.2°; exceeding its average by 1.8°. Rain fell to the depth of 9-10ths of an inch only. The average number of deaths daily, 147, or 4264 in the month; being 555 less than the average, corrected for increase of population.

March.—Barometer, 30.184 in.; about ¼ of an inch above its average. Temperature, 41.3°; being near its average. Degree of humidity, 81, being a little below its average. Daily range of temperature, 18.6; being 5 degrees too great. The fall of rain was 0.2 in.; being 1.4 in. below its average. The number of deaths daily was 172, or 5335 in the month; exceeding the average by 228. This great increase was attributable to the decrease of temperature, and great difference of temperature during the day. An increase of more than 100 deaths took place in the first week of March, when the temperature was 36° only.

April.—Barometer, 20.122 in.; exceeding its average by nearly ¼ of an inch. Temperature, 45.9°; being about its average value. Degree of humidity, 76. The daily range of temperature was 24°; between 7.4 degrees greater than its average value. Rain fell to the depth of 5-10ths of an inch. The number of deaths daily was 156, or 4691 in the month; the corrected average number was 4392—showing an excess of 299, and which took place within the first three weeks of the month. After this time an increase of temperature took place, and an

improvement was shortly afterwards observable in the public health. The meteorological conditions of this month, as well as of the preceding were greatly-increased pressure and a relatively low temperature compared with those of the preceding months, a great range of temperature, and much less rain than usual.

May.—Barometer, 29.963 in.; the same as its average value. Temperature, 51.5°; exceeding its average by 1°. Degree of humidity, 77. The daily range of the temperature was 18.6 deg.; the average being about the same. The fall of rain during the month was 1.9 in.; being that of the average nearly. The number of deaths daily was 137, or 4254 in the month; corrected average, 4347.

June.—Barometer, 29.737 in.; being below its average by about ¼ in. Temperature, 56.1°; being 2° too low. The degree of humidity the same as its average, 77. The daily range of the temperature was 17.1°; being 3.1° too small. Rain fell to the depth of 4.6 in.; being more than double its average amount. The number of deaths daily was 135, or 4060 in the month; and the corrected average number, 4227.

July.—Barometer, 30.034 in.; being rather above its average value. Temperature, 66.6°; exceeding its average by 5¼°. The degree of humidity was 73; being 6 below its average. The daily range of temperature was 24.9; exceeding its average value by 6¼°. Rain fell to the depth of 2.3 in.; being about the same as the average. The number of deaths daily was 136, or 4147 during the month; while the corrected average was 4796. The temperature varied considerably during the month, and so did the deaths at different periods. In the week ending the 3d July (whose mean temperature was 1 degree in defect) the number of deaths was 987; in that ending the 10th (whose mean temperature was 9° in excess), the number was 1080.

August.—Barometer, 29.826 in.; being 0.148 in. below its average. Temperature, 62.1°; being 0.6° above its average. Degree of humidity, 73; its average being 82. The daily range of the temperature was the same as its average, being 17.9°. Rain fell to the depth of 4½ in. The number of deaths daily was 150, or 4668 during the month; while the corrected average was 4748. The temperature at the beginning of the month was high, and 1124 persons died in the first week. Many of these deaths were attributable to bad sewerage, a fruitful source of mortality in hot weather.

September.—Barometer, 29.916 in.; exceeding its average by 1-10th of an inch. Temperature, 56.8°; exceeding its average by half a degree. Degree of humidity was 77. Daily range of temperature was 17.4; the same as its average amount. The average number of deaths daily was 146, or 4359 in the month; the expected number being 5023.

October.—Barometer, 29.864 in.; slightly above the average. Temperature, 47.9°; being 1.4° below the average. Degree of humidity, 80; its average being 86. The daily range of the temperature was 14.6°; exceeding its average by 1.3°. Rain fell to the depth of 3.8 in. Average number of deaths daily was 153, or 4720 in the month; the corrected average being 4617. This excess of deaths took place for the

most part in the second week, the temperature of which was 2° below its average; that of the preceding week having been 6° below its average.

November.—Barometer, 29.642 in.; being ¼ of an inch below its average. Temperature was 48.9°; being 6½° too great. Degree of humidity was 83; being 6 too small. The daily range of temperature was 10.4°; being 0.3° too small. The fall of rain during the month was 6 in.; which was 3.7 in. above the average. The number of deaths daily was 138, or 4129 in the month; the expected number being 4912. The mortality during the first two weeks of the month was above its average, but on the third week it was much less.

December.—Barometer, 29.758 in.; being 0.282 in. below the average. The temperature was 47.6; exceeding its average value by 8.8°. The degree of humidity was 79; being 10 below its average. The daily range of temperature was 9.7°; exceeding its average by 0.8°. Rain fell to the depth of 2.2 in. The number of deaths daily was 148, or 4597 during the month; while the corrected average was 5791 —1194 less than the average. The temperature of the months November and December was very high, the pressure was low, the degree of humidity was low, and the fall of rain was in excess.

The number of deaths in the year was 54,022; being about 4000 less than the calculated number.

The mean temperature of the year was 50.6°; being 2.2° above the average.

The mean reading of the barometer for the year was 29.905 in.; being 0.046 in. below its average.

Rain fell to the depth of 34.4 inches.

REMEDY FOR INFANTILE ASPHYXIA.

BY W. P. JONES, M.D., NASHVILLE, TENN.

One pleasant afternoon, not long ago, I was sitting quietly in my office, when my cogitations were interrupted by the hasty steps of a large, fresh, Yankee-looking gentleman, who said his wife was suffering very much, and wanted a doctor. I followed him, and on the way was informed by the husband of the sufferer that he had only been married a few days—an interesting patient, thought I, and probably quickened my steps. On arriving at the house, I was conducted into the room, where I soon became apprehensive that the woman, though just married, was absolutely in childbirth, and that my services as accoucheur would be brought into immediate requisition. After making the usual examination, and becoming thoroughly satisfied that my conjecture was well founded, and that it was the first presentation, I sat down to await the issue, and was not long detained; for immediately very severe pain supervened, and a fœtus was expelled; without, however, any other vital indication than bodily warmth, and very feeble, almost indistinct, circulation in the cord.

The ordinary means, such as stimulating baths, inflating the lungs, friction, &c., were used, probably a half hour or more, without any ap-

parently beneficial effect. At this crisis, the father (or man who should have been), entered the room, bearing upon his breath the odor of alcohol. I called to him, and told him to come and apply his lips to those of the child, and gently blow into its mouth. He looked astonished, and exclaimed—What, me, sir! Yes, sir, said I, you are just the man, come on. He did so. He inflated the lungs, and I expelled the air repeatedly; and together we at length succeeded in resuscitating the child, which I am constrained to regard as wholly attributable to the stimulus of the alcoholic inspiration. It is at any rate worthy of a trial, after the ordinary means have failed; and in the absence of a drunken husband, we suggest that the accoucheur inhale the vapor of alcohol, or spirits of camphor, immediately previous to inflating the lungs of the child.—*Southern Journal of the Medical and Physical Sciences.*

STRICTURE OF ŒSOPHAGUS.

BY WILLIAM JOHNSON, M.D.

Among the many ills to which flesh is heir, strictures of those canals which are lined by the mucous membrane, are far from being the least interesting, whether considered with respect to the sufferings both mental and physical, which they produce, or the imminent danger to which they often subject the unfortunate individuals, who are the victims of their visitation. Memory recalls many cases illustrative of these truths, particularly two fatal cases of stricture of the œsophagus, which occurred in this region of country since my settlement here. The first case I did not myself see, but had the relation from his widow. He died a few weeks after my settlement. He was young, but absolutely starved to death, after protracted sufferings, in full consciousness of his dreadful condition. The other case I saw but once, and that a short period previous to her death. She, too, died from inanition. Prof. Dorsey, in his Surgery, relates a case of stricture of the œsophagus, where the post-mortem examination revealed an almost entire obliteration of the canal; a probe could scarcely pass through the strictured part. Velpeau and other writers cite cases of complete obliteration of the passage.

It is not my purpose to enter into speculation, as to the causes of these affections, whether they be owing to ulceration in some portion of these canals, producing narrowing by the contraction of their cicatrices in healing, or congestion and infiltration in the adjacent tissues while the ulcerative process is still going on, or whether simple spasmodic action be prominent in their production. But any light which can be thrown upon this subject by the record of individual cases, is due to the medical public, and it is under an imperative sense of duty that I am induced to present the following case of stricture of the œsophagus.

I was consulted, the 23d of last July, by M—— C——, aged about 22 years, on account of stricture of the œsophagus. Her attention was called to it, about two years since. She was eating a piece of pickled cucumber, and was choked, and still more so very shortly afterwards, in eating a pear. Since then the disease has been gradually increasing.

Early in her disease, she could swallow nothing but liquid articles, or solid food very thoroughly masticated, and swallowed in very minute portions at a time. In fact, for some considerable time back, she has avoided taking any solid food ; particularly animal, it choking her even when well masticated, and swallowed in minute portions—liquid food sometimes does the same. She became very much alarmed, in consequence of the arrest of a very small cherry stone in her œsophagus, about the 30th of June last. She was eating a cherry, and the stone accidentally slipped into the œsophagus, and produced the greatest distress by being arrested there. She resides about two miles from me. In my absence my son speedily saw her. He directed a solution of tartarized antimony to be held in her mouth ; it produced great nausea, and in an effort to vomit the stone was ejected. This patient is anemic, probably from insufficient nutrition. Her appetite for food is good, but she is unable to take sufficient nourishment. The catamenia are regular. Ocular inspection of the fauces elicited nothing abnormal.

As tentative measures, I put her for a short time on tinct. ferri chlor., iodid. potas., and applied an epispastic to the throat. The difficulty of deglutition was not in any degree relieved by these means. I now resorted to the bougie. My bougies were prepared by saturating strips of muslin in melted beeswax, and when cold, cutting those pieces in such shape, as when rolled up tight they would be gently tapering. They were made of various sizes, from five eighths of an inch to one inch and seven eighths in circumference. I commenced by introducing the smaller sized, and found difficulty in passing these, but the difficulty rapidly gave way, and in a few weeks I passed the larger sized with ease. The size that I used for the greatest length of time was one inch and three eighths in circumference. I finally passed very readily those of an inch and seven eighths in circumference.

The stricture I found to be situated some inches below the termination of the pharynx. I passed the bougie some inches below the stricture, which did not appear to occupy a very large extent of surface. A sense of resistance at the stricture in passing the instrument through it, was experienced. After passing it a few times, most decided relief was obtained by the patient. She visited my office nearly every alternate day, for three months, and the bougie was introduced at every visit, either by myself or my son.

The sense of suffocation, produced by the presence of the bougie in the œsophagus, was very distressing to the patient, and she could bear it but a short time at each introduction. I generally passed it twice or three times at every visit which she paid me, which was much facilitated by covering it well with glycerine.

In using the instrument, I departed from the directions given by Velpeau. He advises depressing the tongue with a spoon-handle or other instrument. This I did not find necessary, and he says nothing about throwing the patient's head far back, which I found very important. My method of introducing the instrument was, to have the patient supported by an assistant standing behind her. The assistant was directed to bring the patient's head far back, so as to render the passage from the mouth

into the throat as straight as possible ; the instrument would then, by a very slight curve in it, readily pass down into the œsophagus. Its introduction was rendered easier by the patient protruding her tongue (which she could do with ease) from her mouth. The patient experienced no pain from the operation ; nothing but the strangulation above spoken of.

The improvement in this case was decided, from almost the first introduction of the bougie, until I pronounced her cured. I suggested, however, at parting with her, that it would be advisable to have the instrument passed occasionally into the œsophagus, but she found herself so completely relieved that she did not return, and I learn that she remains well, and has married since. Her mother stated, but two or three days since, that she swallows her food with perfect ease ; the bougie has not been introduced since October last—nearly four months.

Remarks.—The chief point of interest in this case is, the rapidity with which it yielded to treatment. The case I would constrast with one related by Dr. Jameson, of Baltimore, in the 29th No., vol. iii., of the Medical Recorder, Jan., 1825, edited by Samuel Calhoun, M.D., of Philadelphia. The doctor's case is a very interesting one, and will pay well for the perusal. Dr. Jameson passed ivory balls of different sizes, attached to a stem, upon which they were secured, nearly every day for ten months, before he considered the patient cured. My patient was cured by the bougie passed every alternate day for three months. Whether this result was owing to the different kinds of instruments employed, or to my case being a less serious one, I do not pretend to decide. Dr. Jameson's patient, too, was a female, but more advanced in life than mine ; his being about 40 years of age, and his case, too, was of two years' standing. For more than a fortnight he did not succeed in obtaining any advantages: but by indomitable perseverance, obtained complete success. His patient was one year under treatment. These two cases, in addition to others, give ground for encouragemnt in persevering attempts to dilate strictures ; and it may yet be found that well-directed manipulation may obviate the necessity for resorting to the caustic in the management of these cases.—*New Jersey Medical Reporter.*

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. Slade, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

NINETEENTH LETTER.

My Dear Friend,—If I made myself well understood in my last letter, you must believe that although experimentation has not yet demonstrated in an incontestable manner the unity of the syphilitic virus, I admitted nevertheless this unity ; that I did not seek the difference of the primary effects of this virus in its greater or less activity and acrimony, as some writers on syphilis have done ; that I sought for these effects, on the contrary, in the individual conditions of the persons who were to undergo the action of them ; in such a way as, that, in spite of some

observations of Bell, and of some analogous cases, that we still sometimes meet with in practice, and in which there is only a simple coincidence, we cannot conclude from the form and the gravity of the primary accident of an individual as to the form and gravity of the malady of the person who communicated it to him; and that, in fine, we can no longer at the present day, say to a patient, as we formerly said—if your malady is a serious one, it is because the person who communicated it to you was very much diseased; for very often it is the contrary which we observe.

This law of the unity of virus being laid down, I am going to occupy myself, as I promised you in my last letter, with the most important variety of chancre; the *indurated chancre.*

The knowledge of the induration, of that condition which certain primitive ulcers take on, is not a new thing; some pretend that we can even find the traces of it in Galien, which does not astonish me the least in the world, I who believe in the antiquity of the verole. What is certain, is, that after the great epidemic of the fifteenth century, some of the first writers upon syphilis observe and note upon this remarkable symptom; above all it did not escape the observation of Jean de Vigo, who has other claims upon our esteem besides the invention of his famous plaster.

However, you know that it is to Hunter that we have given the honors of the discovery of the indurated chancre; this symptom has even received the name of the great physiologist. The Hunterian chancre, in fact, is no other than the indurated chancre. And yet Hunter scarcely glances at this subject; you recollect what he says—"the chancre has generally a thickened base, and although the common inflammation extends much beyond, yet the specific inflammation is limited to this base." But, as you see, Hunter does not make of this thickening of the base a constant condition; and he is right, for the greatest number of primary ulcers do not present this peculiarity. Neither does he make it a condition of the constitutional infection; a grave and inexplicable omission, for a man of the sagacity and of the instinct of divination of Hunter.

The writers upon syphilis who came after Hunter, even Bell, with his comparison of a *split pea*, did not recognize all the value of induration.

Since Bell, a greater portion of the other syphilitic writers have not paid attention to this symptom.

M. Lagneau, in his treatise, does not appear to give to this any importance; however, to do him this justice, he has recognized, as Bell and others, that the chancre can have a pustular period; but apart from this, you will be struck like myself with that kind of confusion which characterizes him, between the chancre which he calls *primary*, and those which he calls *secondary*. In all cases, the induration is of no account for him.

As to M. Cazenave, "whose work, wholly circumstantial, and which we cannot take for serious," and whose courteous expressions which he recently makes use of towards me, I return, in order not to keep anything which belongs to him; as to M. Cazenave, you know his manner

of appreciating the primary accidents. It is truly beyond belief. Nevertheless, are there for M. Cazenave any primary accidents, besides the *infecting act?* For him, in fact, the other accidents are all either *primitive secondary*, or *secondary primitive*. Rid yourself of these, if you can, in spite of all the esprit of which you daily give proofs. In all cases, the induration, that capital phenomenon, does not appear to exist *upon the other side of the water*, as Lisfranc, of vigorous memory, would have remarked.

And yet, who can to-day misconstrue the importance of this phenomenon? They have eyes which do not see, who suffer this to pass as null and void, after all that I have done, after the judicious observations of the wise professor Thiry of Brussels, of my pupil and friend M. Diday of Lyons, of M. Marchal (de Calvi), of my learned friend and too benevolent partisan M. Venot of Bordeaux, of Messrs. Acton and Meric of London, of my learned colleagues MM. Puche and Cullerier; in fine, after the observations of my patients themselves in the hospital, whose education, made during twenty years, leaves few chances for the inattentive physician to commit errors.

The induration which can line the chancres and border them, meriting all the attention of the practitioner, permit me to study it with care. All the chancres do not become indurated; at the present day most certainly it is only the smallest number; and if my doctrines are true, this number will go on always diminishing.

But what is the individual cause—the necessary ulterior condition, in the insertion of the virus, which causes the chancre to become indurated. Therein is one of the most interesting problems which the study of syphilis can present; and the solution of it is also one of the most difficult to obtain. I have, however, the pretension to have discovered one of the unknown principles. When we ask of age the cause of induration, age answers nothing. Sex, temperament, hygienic habits, also say nothing. Nor do the anterior or accompanying maladies, foreign to syphilis, any more than the special medications undergone by the patients, come to enlighten you. Until the present, then, we are obliged to confine ourselves to the common explanation that you know—that is to say, to aptitudes and idiosyncrasies. In fine, we find that in certain individuals, a first chancre does not become indurated, while a second does, and those that they can contract afterwards do not become indurated.

Where, then, is the cause of this mysterious and singular condition?

One of the causes of these differences, passed until now unperceived, let us search for, my friend, in the laws of venereal diseases, so general and so constant; let us search for it in the analogies so great, which exist between the variola, the vaccine and the verole. We are upon the track.

The vaccine, for example, may fail at the first trial; this will be through the want of an aptitude of which we are ignorant; but if it succeeds, the ulterior want of success in the new vaccinations is explained; the diathetic effect of the first vaccination is not yet exhausted; a lapse of time is necessary, which modern observation tends the more and more to fix precisely, to render the organism fit for a new vaccinal impregnation.

Well, here is a capital fact in syphilogeny, a fact that a long experience has come to demonstrate to me, a fact which has been equally observed by two men that I love always to cite, MM. Puche and Diday. It is that

General rule, a patient who has once had an indurated chancre, will not have another.

As for the vaccine, so for the variola, it is probable that this law will present exceptions. I should add that it is even desirable that it should present them, for this would prove that we can succeed in destroying the syphilitic diathesis. Beyond all doubt these exceptions are more rare for syphilis, for MM. Puche, Diday and myself have yet to search in them unexceptional proofs. It is, that when there is an indurated chancre, there is necessarily *constitutional verole*. With the induration, the syphilitic *disposition*, as Hunter called it, is acquired. The *syphilitic* temperament, as I formerly called it, and as I have since repeated, is established. Finally, there is a diathetic state, a special particular disposition, in virtue of which future manifestations will develop themselves. Disposition, temperament, diathesis, which we do not double, or treble, any more than we treble the analogous disposition in the vaccinia.

The indurated chancre is to the verole, what the *true* variolic pustule is to the variola; what the *true* vaccinal pustule is to the vaccinia.

The *non-indurated* chancre is the false pustule; it is a *false* vaccine.

Herein, my friend, is an admirable law; a law which causes the verole to enter into the general rules of virulent affections; a law which dominates over the study of syphilis, as variolic and vaccinal inoculations dominate over the history of variola; a law which satisfies the mind, and which quiets it in safety, after a painful and fastidious voyage in the midst of deceiving hypotheses and of falsifying theories; a law which arithmetic, so much outraged in its first rule by one of your old correspondents, will serve to establish in spite of him, since in order to have a real amount he will add up similar values.

But I am not now charged with the special education of the pupil *de province* of your honored correspondent; with teaching him to distinguish the difference which exists between a diathesis and the manifestations which this diathesis can produce; the difference between the diathesis properly called, and the cachexy, to all which things I shall without doubt have the opportunity to revert, and upon which I fear that this poor pupil has ideas a little clouded. For the moment let him know, and he will pardon me for this magisterial locution, that the diathesis acquired by the patient who has submitted himself to the infection prevents a new chancre which he may contract from becoming indurated, and that this kind of immunity against this form of chancre—that is to say, against a new general infection—ought also to transmit itself by way of heredity. From this can be understood what I said just now; this disposition transmitted might well have an influence upon the diminution of indurated chancres, and consequently upon the diminution of constitutional veroles. Therein is also a curious study for the verole and the vaccina. This idea, sprung from my school, has been well

studied in a remarkable thesis sustained by a distinguished pupil of Val-de-Grace, whose name I do not for the moment call to mind.

Thus, then, the non-induration of the chancres that a patient might contract at different epochs, after having had an indurated chancre, is a primary proof, easy to verify by the statistics of the *unicité*—neologism of which I am not culpable—the *unicité* of the syphilitic diathesis; the *unicité* implicitly admitted by Hunter, since he has said that we could prevent the disposition from being established, but that it could not be destroyed once that it was established; *unicité* of diathesis which M. Cazenave did not suspect to have proclaimed after us, when he wrote in his *treatise upon syphilitic eruptions* "that he does not know if we have ever succeeded in destroying the syphilitic temperament."

Truly, in good physiology M. Cazenave would not admit a double sanguine, bilious temperament, &c.; in good pathology he would no more admit a double glanders, double variola, one or a triple hydrophobia. The *non bis in idem* is also in this connection a pathological law; I hope to expose it in all its light, in studying the evolution of constitutional accidents.

These points of doctrine established upon the etiology of induration, let us study this phenomenon at its time of appearance, its seat, its peculiar symptoms, its nature and its course, to arrive at last at the exposition of its consequences.

Such will be, dear friend, the important subject of my next letter.

Yours, RICORD.

OPERATION FOR HÆMATOCELE.

[Communicated for the Boston Medical and Surgical Journal.]

J. C. called on me some time in June, with an injury of the testicle caused by a fall. The injury had been done some four or five months before I saw the patient. At the time he called on me, the tumor appeared to be spheroidal; its longest diameter was four inches, and its shortest two and a half. It was quite hard, opaque and insensible to pressure (that is, pressure did not cause pain). When the injury was first done, there was considerable pain, and great tenderness for some days. The patient says it swelled considerably at first, and then increased gradually till I saw it. I commenced a course of treatment to produce absorption. I used suspensory bandages for some time, which gave temporary relief; but at last all the means employed failed, and the pain was so great he could not attend to his business. About the first of February I proposed its removal, to which he readily consented, as the pain was insupportable, though pressure of the tumor did not increase the pain. With the assistance of Drs. Robinson and Prescott, I removed the tumor after the patient had been sufficiently etherized—a brisk cathartic having been given the day previous. The tumor weighed 17½ oz., and on cutting it open we found the tunica vaginalis testis greatly thickened from chronic inflammation. The testicle lay in the posterior part of the tumor, very much atrophied from long-continued pressure. It was changed

in structure, it being gelatinous, and filled with dark grumous blood, and so soft that it was easily broken between the thumb and finger. The sac, or tunica vaginalis, which was about one third of an inch in thickness, was filled with a fibrinous substance of a darkish color, and about the consistency of cheese curd. This tumor appears to be what is called a hæmatocele, originally an effusion of blood into the tunica vaginalis testis, and the chronic inflammation produced the various changes described.

The operation has produced perfect relief. After its performance the patient was confined to his bed for a fortnight. During the first week there was some constipation, nausea and vomiting. The former yielded to warm enemata, and the latter to small doses of morphine. The patient is now well and about his business. Yours most truly,

Rockland, Me., March, 1853. ISRAEL N. SMITH, M.D.

SOUTHERN OBSTETRICY—DR. FELDER'S CASES OF ADHERENT PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It has appeared to me that obstetricians have never been sufficiently definite in demonstrating the various forms of *adherent placenta*. Hence, we propose to offer a few suggestions upon two cases which we see reported in the South Carolina Medical Journal, by Dr. W. L. Felder, of Sumter, S. C., and tranferred to the Nashville Med. Journal.

Adherent placenta may depend upon various causes. It may originate from inflammation, causing an *effusion of lymph*, or from induration, or it may depend upon a scirrhous or calcareous deposition. It may also arise from uterine inertia, with evident want of contractility in the longitudinal and circular fibres of the uterus, and not attributable to any previous pathological condition, but to irregular contraction, and retarded and difficult labor. The first variety of adherent placenta is dangerous, but of rare occurrence; while the latter is of more frequent existence, and of less importance to the safety of the woman. The first depends upon a prior pathological cause, the last upon an incidental supervention at the time of childbirth. This is our definition, and we believe it clearly maintainable.

The first form of adhesion, we repeat, is not often met with; but when we do see it, it demands extreme caution and careful manipulation. It is a form of adhesion that cannot be relieved by any therapeutic application upon the placental *mass*, or *around its margin*, as in Dr. Felder's cases, but must be met only by prudent manual dexterity. To maintain this point, we have only to refer to the pathology of the parts. Again, hemorrhage in these cases depends upon the character of the attachments. Generally, the adhesions are limited, the detachments considerable, and the hemorrhage is profuse; when the attachment is entire, and no part of the placenta detached, then hemorrhage is light, for the mouths of the vessels are closed, unless the womb should be in a flaccid condition and bleed from other points. Adhesions dependent

upon difficult, retarded, or tedious labor, or upon irregular contractions of the womb, are often mistaken for real adhesions, as all our works on obstetrics will substantiate; but the cases are not at all similar, for the first are easily relieved by therapeutic means, such as *ergot*, and other excitants, while the last cannot be modified at all by them, so far as delivering the placenta is concerned.

It is clear, to our mind, that Dr. Felder's cases were of our second class, dependent upon *inertia* and *irregular* contraction, or the creosote would never have relieved them. In his first case, the creosote was an excellent remedy—a *uterine excitant*—and its introduction into the uterus is by no means novel. The reflex extremities of the uterine nerves wanted excitation; failing after the birth of the child to obtain it, *quiescence*, *sleep*, non-contraction and hemorrhage, were the results. When the creosote was introduced, the womb responded; the placenta passed off, and the hemorrhage ceased. Now had Dr. Felder's first case been an adherent placenta dependent upon previous pathological deposit, he would not have seen the same results. His second case is described as one of irregular contraction causing retention. Adhesion often exists in irregular contraction. But how could the doctor tell it? From what Dr. Felder says, we suppose this case one of mere *hour-glass contraction*, with simple retention of placenta. The womb had become inert or torpid from the long duration of the constriction; the placenta was retained, and the creosote was the agent of excitation to its normal function in childbirth—*pain*. Had this case been seen in four or five hours after parturition, we have no idea the same effects would have resulted from the remedy.

We are glad Dr. Felder has reported these cases; they will give an impetus to a doctrine in uterine therapeutics which we have long entertained—*that applications to the intra-uterine surface are not as dangerous as supposed, but in neglecting them we often omit an important curative means in hemorrhage*. The rational plan of treating hemorrhage dependent upon placental *retention* or *adhesion*, is to extract the *placenta*, and never leave your patient until it is accomplished. In performing the operation, the greatest tenderness is essential; caution is the hand-maid of prudence; no rashness should be observed. The hand should be well oiled and very gently introduced. The extraction, as a general rule, should be commenced from the nearest margin to the fundus, and descend. We say this is the rational plan of treating hemorrhage dependent upon adherent placenta; for when we extract the *placenta*, we cause *uterine contraction* and a closure of the bleeding vessels, unless some other untoward event should arise.

What we say here is applicable to every form of adherent placenta, for no man is justifiable in leaving his patient with an undelivered placenta. Adherent placenta of any grade as defined will induce uterine hemorrhage, and it is an intelligent position to suppose a removal of the cause will suspend the flow. But, says one, suppose you cant't do it? We answer, you can do it, in a very large majority of cases. If accoucheurs would deliver the placenta immediately after birth, which is the natural suggestion, we should have fewer cases of flooding or irregu-

lar contraction of the uterus, than we now have. In a long practice we scarcely ever have had a case of hemorrhage, and it is owing to the above caution, we verily think. But we do not pretend to say that every case of hemorrhage is avoidable, though we say a great majority are. We repeat it, to permit the *placenta* to remain in the uterus too long after delivery, is culpable and dangerous. We never do it, and we challenge a success with any man. If you have retained *placenta* or *adherent placenta*, deliver it; do it *cautiously* and *prudently*, but don't fail to do it. By doing it you secure more safety to your case; and the earlier you do it, upon prudent principles, the better. If a small piece should remain, be quiet; promote contraction, and it will remain but a short time, and will pass off or be absorbed. If necessary, use an antiseptic enema; but in cold weather this will not be needed, yet in warm weather it may be useful. We never like to hear of a case of retained placenta, of four, five, or seven days; it is not only dangerous to the woman, but it is bad *midwifery*. Prudence in obstetrics is safety; and safety consists in delivering your patient fully, before you leave. We care not what other men say, we are in favor of the immediate removal of the placenta in all cases, under ordinary circumstances. This is the way to avoid danger.

We have now given our opinions, but we force them on no one. We are no fault-finder, no medical censor, no castigator of our brethren; we want every man to think for himself; we shall do it, and express our thoughts fearlessly and independently, despite of collegiate dogmas or conventional mandates. With the kindest regard, and highest respect for Dr. Felder, we repeat our conviction, that in our first class of cases *creosote* is of no effect; in the second, under some circumstances, it may do, and admirably; but under all circumstances, other things being favorable, the proper plan of treating *adherent placenta* is to *deliver*.

March, 1853. "SOUTHERNER."

DISLOCATION AND REDUCTION OF HIP-JOINT BY RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

M. B., aged 33 years, was attacked at the age of 16, with rheumatism of the right hip, and confined to his room and bed six months, and then recovered, and had no lameness for eight months. Was then attacked in the left hip, and confined to bed four months. Became convalescent and commenced walking about, though feeling some lameness. Took a walk one day, of two or three miles, which brought on another attack in the same hip, which resulted, in the space of two days, in dislocation of the hip upwards and outwards—the leg being shortened two inches or more, and the toe turned inwards. Soon recovered from the lameness, but with permanent shortening of the limb. Has worn a boot on this foot with a heel two inches higher than upon the other, for seventeen years. Has had no pain or lameness (but difficulty of motion) in the hip for the same space of time.

On the 24th of December last, was attacked again. The attack was

light, merely producing moderate lameness for a week or ten days, the patient being able in the mean time to walk about with a cane. Leg at this time commenced growing longer, and in the space of one week was of full length—same as the other. There was no sudden jog or motion experienced, but a gradual lengthening. The first evidence the patient had of the lengthening of the limb, was a tripping of the heel on attempting to walk, which impediment increased so much that he finally removed the high heel from the boot, when he found that he had two legs of the same length. He has now good use of his leg, and experiences no pain in the hip except on sudden motion or slipping. The head of the femur is now evidently *in situ*. The leg is less in size than the other.

The peculiarity in this case is the cause and cure of dislocation by the same agent, or rather disease—rheumatism.

I have been informed of another similar case, but have obtained no correct history of it. Yours truly,

Wellsborough, Pa., March 8, 1853. C. K. Thompson.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 16, 1853.

A Discourse on the Life, Character and Services of Daniel Drake, M.D.—This discourse was delivered by Prof. S. D. Gross before the Faculty and Medical Students of the University of Louisville, Ky., Jan. 27, 1853, and constitutes a pamphlet of about 90 pages. It is just such a production as might be expected from the pen of one so distinguished as is Dr. Gross for literary and scientific attainments, and who enjoyed a long and intimate acquaintance with the celebrated subject of his biography. Dr. G. traces the life of the deceased, from his father's log cabin in Mays Lick, Ky., to which the family emigrated from New Jersey in 1788 when Daniel was 2½ years old, to its final close in Cincinnati last autumn. He relates in detail, but not with prolixity, his attendance on medical lectures in Philadelphia, his private pupilage in Cincinnati in 1800, his marriage in Cincinnati in 1807, his final course of lectures and graduation in Philadelphia in 1815, his professorship in the Transylvania Med. School at Lexington in 1816, his organization of the Medical College of Ohio in 1819, his re-call to Lexington in 1823, his return to Cincinnati and establishment of a medical journal there in 1827, his election to a professorship in Jefferson Medical College, Philadelphia, in 1830, his organization of the Medical Department of the Cincinnati College in 1835, and his subsequent acceptance of a chair in the University of Louisville. Here he continued till 1849, when he resigned his chair, and again accepted one in the Medical College of Ohio, which he filled but one session. In the autumn of 1850 he was re-called to the Louisville school, in which he remained two sessions, when he re-entered the Ohio Medical College, "his first and last love," now reorganized. But just at the opening of the session the hand of death was laid upon him, and his brilliant but varied career was arrested. Dr. D. is next spoken of as a philanthropist and a patriot. He was concerned in

the establishment of the Commercial Hospital of Ohio, the institution for the Education of the Blind, the Cincinnati Eye Infirmary, the Kentucky School for the Blind, and the Physiological Temperance Society in Louisville. He was deeply interested in the construction of the great railroad chain between the Ohio river and the tide-waters of the Carolinas and Georgia, and also in the passage of the compromise measures in 1850 in the Congress of the United States. Dr. Drake was the author of the "Picture of Cincinnati," "Essays on Medical Education, &c.," a "Practical Treatise on Epidemic Cholera," a work on Anatomy, Physiology and Hygiene, a small volume of "Discourses," was editor twelve years of the Western Medical Journal, and finally, in 1850, issued the first volume of his great work on the "Principal Diseases of the Interior Valley of North America." The second volume, nearly completed when he died, will be issued the ensuing summer. Dr. Gross sketches with great fidelity and with the skill of a master the prominent traits in the character of Dr. D. He portrays his lofty ambition, nice sense of honor, unwearied industry, unflinching self-denial, warm friendship and ardent piety. We cannot refrain from quoting a few passages from the address, although so much space has already been devoted to its analysis.

"Dr. Drake was a man not of one, but of many characteristics. His very look, manner, step and gesture were characteristic; they were the outward signs of the peculiar nature within; his conversation, his voice and modes of expression were characteristic; all tending to stamp him, in the estimation and judgment of the beholder, as an extraordinary personage. But there was one feature which jutted out, prominently and conspicuously, above and beyond the rest, and which served, in an eminent degree, to distinguish him from all the men of my profession I have ever known. This was intensity, intensity of thought, of action, and of purpose. This feeling, to which he was indebted for all the success which marked his eventful career, exhibited itself in all the relations of life; in his extraordinary devotion to his family, his attachments to his friends, his unfaltering love for his profession, in his interest in the cause of temperance, in his lectures before his pupils in the University, in his writings, his debates, and his controversies. No apathy or lukewarmness ever entered his mind, or influenced his conduct, in any scheme which had for its object the welfare of his species, the promotion of science, or the improvement of the human intellect. His temperament was too ardent to permit him, had he otherwise felt so inclined, to be an idle and unconcerned spectator of the world around him. It was hot, and positive, like the pole of an electric battery, intense, ever restive, always doing."

"No where did this intensity exhibit itself in a more striking manner, or in a greater degree, than in the lecture room. It was here, surrounded by his pupils, that he displayed it with peculiar force and emphasis. As he spoke to them, from day to day, respecting the great truths of medical doctrine and medical science, he produced an effect upon his young disciples, such as few teachers are capable of creating. His words dropped hot and burning from his lips, as the lava falls from the burning crater; enkindling the fire of enthusiasm in his pupils, and carrying them away in total forgetfulness of everything, save the all-absorbing topic under discussion. They will never forget the ardor and animation which he infused into his discourses, however dry or uninviting the subject; how he enchained their attention, and how, by his skill and address, he lightened the tedium of the class-room. No teacher ever knew better how to enliven his

auditors, at one time with glowing bursts of eloquence, at another with the sallies of wit, now with a startling pun, and anon with the recital of an apt and amusing anecdote; eliciting, on the one hand, their admiration for his varied intellectual riches, and, on the other, their respect and veneration for his extraordinary abilities as an expounder of the great and fundamental principles of medical science. His gestures, never graceful, and sometimes eminently awkward; the peculiar incurvation of his body; nay, the very *drawl* in which he frequently gave expression to his ideas; all denoted the burning fire within, and served to impart force and vigor to every thing which he uttered from the rostrum. Of all the medical teachers whom I have ever heard, he was the most forcible and eloquent. His voice was remarkably clear and distinct, and so powerful that, when the windows of his lecture-room were open, it could be heard at a great distance. He sometimes read his discourse, but generally he ascended the rostrum without note or scrip."

"His mode of living was peculiar, and, in the opinion of the world and some of his friends, parsimonious and eccentric. Nothing, however, could have been more erroneous. The affection of his brain, which ultimately destroyed him, and to occasional attacks of which he was for many years subject, compelled him to live differently from other men. The slightest indulgence at dinner invariably brought on an attack of cerebral oppression, followed by an inability for useful mental and physical exertion; and it was a knowledge of this fact, the result of ample experience, that induced him never to take any thing at this meal, except a cup of tea and the smallest quantity of vegetables; frequently, indeed, nothing but a little pastry. At his breakfast and supper, however, he generally ate as hearty as any one. I allude to this subject, trivial as it may appear, and irrelevant as it may be to the true dignity of biography, because I wish to place my friend right before this community, in whose midst he lived and toiled for so many long winters. The explanation is due to his memory, to his children, and to his friends. Boarding houses and hotels were disagreeable to him; he could find no congeniality at a public table, and in the noise and confusion of public apartments. He preferred his own room at the University, with his cracker and a cup of tea, to the most splendid table in the State. For many years he found a congenial place and a hearty welcome at the houses of his friends. It was not to save and hoard up money that he thus lived; for no man ever spent money more liberally, no one ever had a greater contempt for it. His late associates in this University, and a few friends in this city, who alone knew him thoroughly and truly, can best appreciate the force and truth of my remarks.

"To those who are engaged in scientific, literary, and educational pursuits, or the practice of medicine, it will not be uninteresting to know that Dr. Drake was poor, and, until the last eight years of his life, pecuniarily embarrassed. It was not until after his connection with this University that he began to lay up any thing from his earnings. His medical journal only brought him into debt. The first volume of his work has sold slowly, and had not yielded him one dollar at the time of his death. Since that period his son-in-law, Alexander H. McGuffey, Esq., has received, as his literary executor, two hundred and fifty dollars as the balance to the author's credit up to that time. This sum is not more than one tenth of what he paid for the maps alone, contained in the work, and engraved at his own expense. Nothing, in fact, that Dr. Drake ever undertook was pecuniarily profitable. He was not a man of the money-making character.

He lost money by every enterprise in which he ever engaged. His aims were always so lofty, and so far removed from self, that he never thought of money, except so far as it was necessary to their accomplishment.

"But although he has not, like Cæsar, left any landed estates, villas, orchards, or vineyards to his friends and the public, he has bequeathed them, what is far more precious and enduring, a name without reproach, a bright example, and imperishable works."

Pennsylvania Hospital for the Insane.—While passing by the stately edifice of this hospital, a few days since, we thought of the humanity with which the insane are treated in our day, in the many institutions through the country, including this long-established asylum, in which the services of the medical superintendent are appreciated by an intelligent community. The report for the year 1852, now before us, shows that 197 patients were admitted, 198 discharged or died, and 215 under care at the close of the year. The total number in the hospital in 1852, was 413. No particularly new views are promulgated by Dr. Kirkbride. He has, however, exhibited very clearly and cogently the importance of a farm, garden, and workshops; of a library, museum, reading room, and the like intellectual appliances, for the use of lunatics, and the amount of happiness they diffuse. Then follows a particular specification of the outgoes and income, the improvements, and the donations and contributions of benevolent persons in the way of books, papers, &c. &c. Total expenditures for 1852, $53,436 76. Excess of expenditures over receipts, $3,107 14. Average cost per week for each patient, $4 59. The sum expended in 1852 on free patients, was $8,592 48. From the organization of the hospital, it has had an excellent reputation. Men of character have always been its managers, who liberally sustain the medical officers in every suggestion that promises to advance the comfort and convenience of the insane confided to their care.

New York Ophthalmic Hospital.—Accompanying the first report of the surgeons, is an address by Mr. Woodhull. It appears that in about seven months, 444 patients were admitted; 232 discharged, cured, and 66 relieved. These are the essential statistics. Were better buildings provided, the surgeons believe that a larger proportion might be cured. Men of ability are conducting the institution, and they will by and by successfully awaken an interest in the public mind that will lead to all the accommodations necessary. Life governors are made by the payment of forty dollars. Many a man might have an office by purchase, who would otherwise never be a governor, according to the prospectus; and since their money would open the eyes of the blind, we really hope the number of aspirants for the distinction thus proffered, may be sufficient to meet all the immediate wants of the hospital. Medical strangers, when in New York, would find themselves compensated by a visit to No. 6 Stuyvesant street, between the 2d and 3d Avenues, seventeenth ward. Surgeons, Dr. David L. Rogers and Dr. Mark Stephenson.

Anæsthesia in Midwifery.—However desirable it may be to republish all the good things perpetually pouring in from the profession, the limits of the Journal quite forbid the undertaking. To give the titles, the names of writers, and a general idea of their efforts, is about as much as is possi-

ble. Henry Miller, M.D., of Louisville, Ky., who enjoys an extensive reputation as a practitioner and medical writer, is the author of a paper in the transactions of the Kentucky Medical Society for 1852, which has been sent abroad in another form, a copy of which is before us. It is on Anæsthesia in Midwifery, and the Speculum Uteri. Those at all curious or ambitious to keep pace with the progress of this particular branch of medicine, will be interested and instructed by this production. Dr. Miller's observations on the use of the speculum uteri are no every-day sayings, but the results of a careful, conscientious devotion to the welfare of his patients, and might be studied with lasting profit by young practitioners.

New Jersey Lunatic Asylum. — The annual reports of those excellent charities, the retreats for the insane, are coming in from all sections of the union. At Trenton, the State of New Jersey has located a model edifice, of which H. A. Buttolph, M.D., is physician. In 1852, according to the annual report, the receipts from all sources were $38,048 47, and the outgoes just $39 40 less. Next follows the superintendent's report, a sensible, prudent and reliable document. As in every other asylum in America, more room is required. The people are fast going mad, evidently, and perhaps the craziest and most unmanageable are still at large. Dr. B.'s remarks on mixed forms of insanity, predisposing causes, exciting causes, on the cerebellum, &c., give an insight into the character of the writer's own mind, which is eminently qualified for investigation. He is philosophical in his views, and progressive. There is no hope for a physician who is perfectly satisfied with being at rest: an energy that is never exhausted in the pursuit of means for lessening the physical or mental woes of the unfortunate, should at least characterize the medical superintendent of a hospital given up to lunatics. Dr. Buttolph exhibits the traits to command esteem wherever his views are circulated. During 1852, 121 patients were received, which, added to the 171 inmates under treatment at the commencement of the year, show that the provision which the State made for their comfort was needed.

Dr. Marshall Hall.—Of course every medical reader is familiar with the name of this distinguished English author. He is now at Washington, accompanied by his lady and son. After visiting the South, he proposes to return and travel over the West extensively, and next season visit the Eastern States. Although considerably advanced in years, Dr. Hall is a laborious student, a close observer, and may justly be called one of the most celebrated medical writers of the age. We bespeak for him the attentions of the professional brotherhood wherever his steps may be directed.

Hydropathic Treatment of Dysentery. — A subscriber in the country writes as follows respecting a case which lately came under his observation.

"A quack hydropathic doctor was called upon to attend a married woman thirty-two years old, afflicted with dysentery. His treatment was hydropathic to the extreme; cold bath, two and three times a day, also cold injections as often, together with large draughts of water. She grew gradually worse, became much emaciated, and sent for me at the end of three weeks of the above treatment. She was literally nearly washed to death —a mere skeleton, with just enough life to remain off her bed while it was

being made. She said she was sorry they (her friends) had sent for me; she expected soon to die, and she did not wish to be further tortured by medicine. I found her with every indication of extreme and general debility. I immediately gave her small powders of morphine, and quinine three times a day; a little farinaceous diet often, to be increased with her growing strength. Without any other medical treatment, in eight days from that time she became so well that she walked about a quarter of a mile to my office, and paid her bill."

Medical Miscellany.—In the March number of the American Journal of Pharmacy, there is an unusual amount of excellent matter.—The fourth annual report of the Female Med. Education Society has been published. The sum of $3.458 22 was received by the society from various sources in 1852, ending in October.—Miss Dr. Blackwell, of New York, is the author of a book called the Laws of Life—but a copy has not, to our knowledge, been seen in Boston.—Elements of the Anatomy and Physiology of the Human System, by Justin R. Loomis, will soon be published at New York, by Messrs. Cornish, Lamport & Co.—A third number of the N. Y. Esculapian has appeared.—Dr. Cornochan's article on Elephantiasis Arabum has been issued in a pamphlet form, with a plate.—Dr. J. M. Allen's lecture, at the Pennsylvania College, at the commencement of the lectures, is a plain, sensible, well written discourse.—Remarks on Osteo-Aneurism, with a case involving the condyles of the left femur, by Dr. Cornochan, the eminent surgeon, is to be had in a pamphlet, with a plate.—The sixteenth annual report of the trustees and superintendent of the Vermont Asylum for the Insane, shows a sound condition of the institution.—Dr. Flint's prize essay on variations of pitch, in percussion and respiratory sounds, and their application to physical diagnosis, has been reprinted for private distribution among the author's friends.—Flour, under the name of *patent*, having in it a mixture of supercarbonate of soda, and known as *self-rising*, is sold in large quantities by the barrel, as a superior article. It should be avoided.—A pedlar at Apalachian, N. Y., it seems, had a medical diploma to sell!—It is said that there is a physician for every 300 persons throughout the State of New York. No wonder multitudes are leaving the profession.—Bones of the skull may be fractured at birth. Three cases have been reported in Germany, and this fact should be remembered in cases where persons are accused of infanticide, in consequence of discovering the cranial bones to be broken.—Dr. Hero was the presiding officer at the eclectic medical society meeting at Syracuse, N. Y.; an appropriate cognomen for the occasion.

To Correspondents.—The following communications have been received:—An address before the Bristol District Medical Society; remarks on Dr. Tully's Materia Medica; obituary notice of Dr. C. W. Chandler; the commencement of a translation of M. Valleix's lectures on Displacements of the Uterus.

Deaths in Boston—for the week ending Saturday noon, March 12th, 69.—Males, 27—females, 42. Abscess, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the brain, 2—congestion of the brain, 1—disease of the brain, 2—consumption, 10—cholera infantum, 1—croup, 4—dysentery, 1—dropsy, 1—dropsy in head, 2—infantile diseases, 9—puerperal, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 8—gout, 1—gangrene, 1—disease of the heart, 3—hernia, 1—inflammation of the lungs, 2—marasmus, 2—old age, 3—palsy, 1—scrofula, 1—teething, 4—thrush, 1—unknown, 1—worms, 1.

Under 5 years, 40—between 5 and 20 years, 7—betwen 20 and 40 years, 10—between 40 and 60 years, 7—over 60 years, 5. Born in the United States, 55—Ireland, 11—England, 1—British Provinces, 1—Germany, 1. The above includes 9 deaths in the city institutions.

Massachusetts College of Pharmacy. — At the annual meeting of the Mass. College of Pharmacy, held at the rooms of the College in Masonic Temple, on Monday, March 9th, the following members were elected the officers for the ensuing year.

President, Daniel Henchman. *1st Vice President*, Thomas Restieaux. *2d Vice President*, Samuel M. Colcord. *Corresponding Secretary*, William A. Brewer. *Recording Secretary*, Henry W. Lincoln. *Treasurer*, Samuel N. Brewer. *Auditor*, Joseph Burnett. *Trustees*, Thomas Farrington, Ashel Boyden, Henry D. Fowle, Andrew Geyer, Joseph T. Brown, Samuel R. Philbrick, T. Larkin Turner, William Brown.

HENRY W. LINCOLN, *Secretary.*

Pinto Indians.—Dr. Edw. Ludlow, of New York, communicates to the Medical Times, of that city, some account of a peculiar class of aboriginal inhabitants of certain parts of Mexico, received by him from Col. A. C. Ramsey, formerly of the U. S. Army. It seems they are a race, poor and ignorant, living mostly in villages by themselves, near the city of Puebla, speaking the Aztec language, and distinguished by different colored spots on the skin of the same individual. From this last they derive their name —"Pintos," or painted people. No two of them are alike. Some have one hand black and the other white, and the face spotted gray, blue, black or white. Others have one half the face lead color, and the other half of a copper hue. Sometimes the face is all blue, again all black or red, and the body the natural Indian color. No authentic account could be obtained of this singular race of beings, nor does their disease seem to be well understood. It is probable, however, that it is merely cutaneous, and not in any degree contagious, and no more hereditary than are the habits which in a long course of years have probably given rise to it.

Rheumatic Affections at La Charité.—"We may mention," says one of the editors of the Charleston Med. Journal, in a recent letter from Paris, "the practice pursued by M. Briquet, at La Charité, of tapping a knee-joint affected with articular rheumatism, and after drawing off the fluid, injecting with much benefit, and apparently without danger, a solution of tincture of iodine. He is in the habit of treating cases of rheumatism characterized by neuralgic symptoms, irritable condition of the heart, for example, in which digitalis is not indicated, with the di-sulphate of quinine, in doses sufficient to induce and keep up its influence. We carefully watched, from day to day, cases under his care, which have recovered entirely after its employment. The theory is: the sedative influence of this tonic on the nervous and circulatory systems, when given in quantities sufficient to produce quininism."

Glycerin Ointment.—Mr. John H. Ecky, in the January No. of the Am. Journ. Pharm., publishes a formula for an ointment which he found very useful in chapped hands, lips, excoriations of skin, &c.

R Spermaceti,	℥ss.	
White Wax,	℥j.	
Oil Almonds,	℥ij.	(f)
Glycerin,	℥j.	(f)

Melt the wax and spermaceti with the oil of almonds at a moderate heat, put these into a wedgwood mortar, add the glycerin, and rub until well mixed and cold.—*South. Jour. Med. Sciences.*